## **SUPPLEMENT Permit Application for Adult Group Care Home**

City of Tempe Development Services Dept. Building Safety Division P.O. Box 5002 31 E. Fifth Street Tempe, AZ 85281 (480)350-8341



This supplement is used in conjunction with our standard Project Submittal form to properly classify the proposed facility and secure clearances prior to issuance of a building permit. Please provide the following information:

1.	Name of Operator
2.	Address of Adult Group Care Home
3.	Contact Person for Site Inspection
4.	Telephone Number 5. No. Clients or Residents*
6.	Number of Resident Staff (those staff which also reside at this address)
	Signature of Owner or Authorized Agent Date
_	(for official use only)
sho	e Development Services Department has received an application for an adult group care home at the address own above. The Fire Marshal and the Manager of Planning and Zoning or their assigned representative mus n, date and return this form to the Building Safety Division to clear the Building Permit for issuance.
[]	Building Safety - Inspection (Site Inspection Requested)
[]	Office of the Fire Marshal
	Signature of Fire Marshal or Authorized Individual Date
[]	Planning and Zoning
	Signature of Director or Authorized Individual Date
INS	<ul> <li>* 2. A copy of this form will be forwarded to the Building Safety Inspection Supervisor if the number of clients or residents is five (5) or less. Do not forward a copy of this form if the number of clients or residents is five (5).</li> <li>3. In all cases a copy of this form will be forwarded to the Fire Marshal and Planning Manager . Permits will not be issued until unconditional clearances have been received.</li> </ul>